

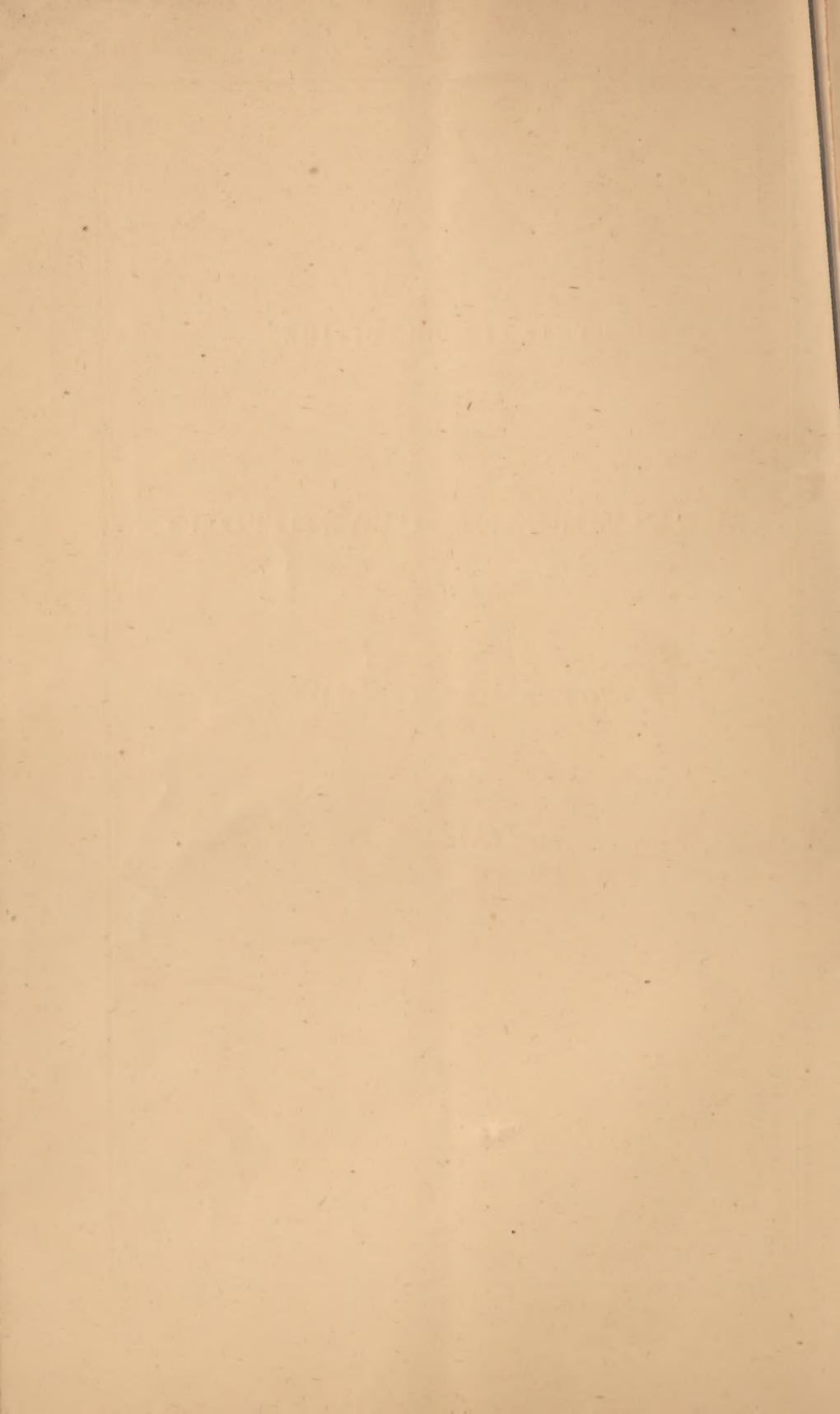
*Deane (J.)*

ON THE  
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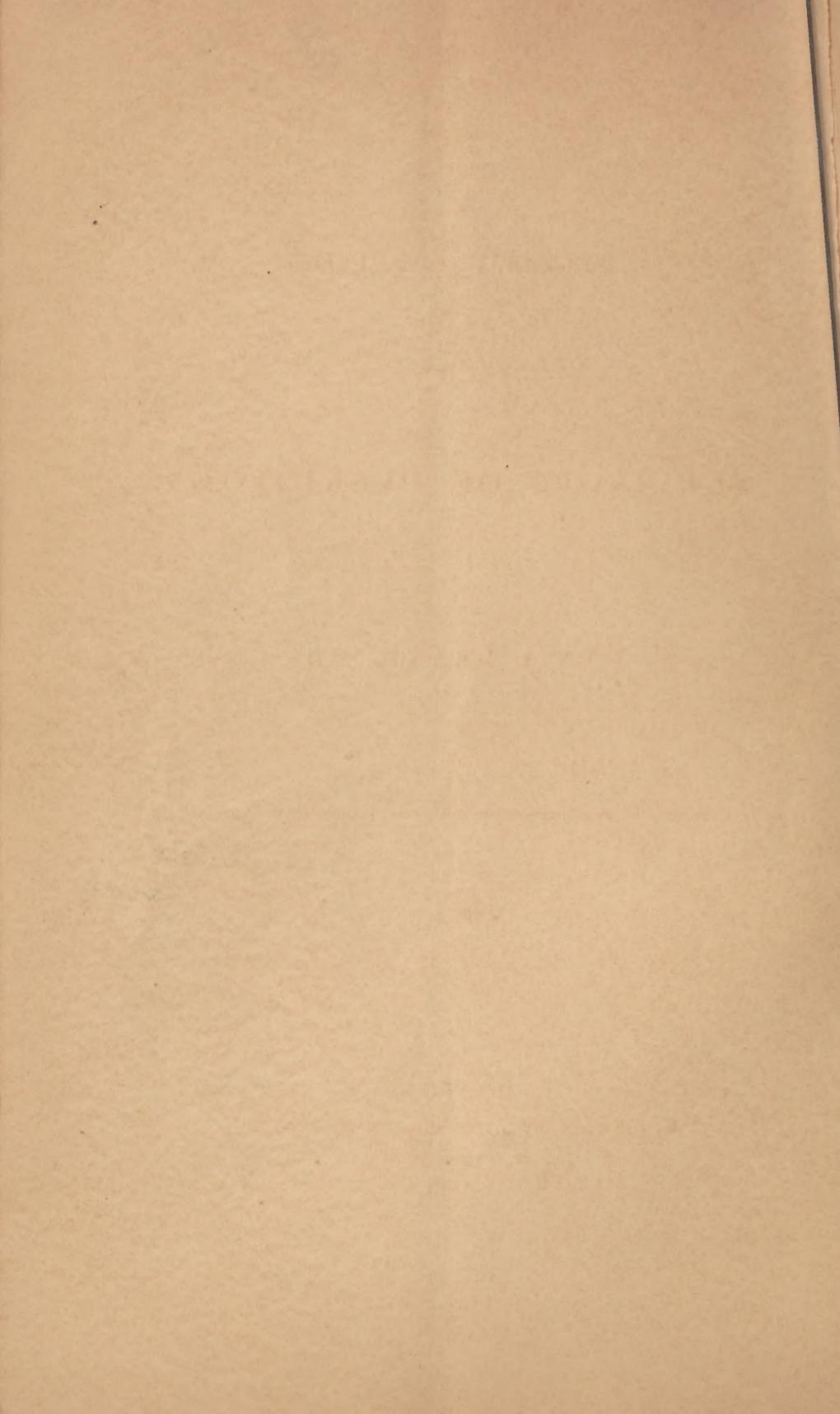
BY J. DEANE, M.D.

FROM THE "COMMUNICATIONS OF THE MASSACHUSETTS MEDICAL SOCIETY."

BOSTON:  
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22, SCHOOL STREET.  
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FROM THE "COMMUNICATIONS OF THE MASSACHUSETTS MEDICAL SOCIETY."

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## ON THE HYGIENIC CONDITION

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THE extirpation of uterine and ovarian growths by the abdominal incision is an operative process of modern origin,—three authentic cases only occurring prior to 1809, when it was for the first time executed in this country. At a later period, it has attracted general attention; and, in proportion as its claims have been examined and advocated, it has also been denounced as inconsistent with the principles of morality and the obligations of conscience. In 1850, according to the reliable tables of Prof. W. L. Atlee, it had been performed upon two hundred and twenty-two subjects; of whom one hundred and forty-six recovered, and seventy-six died as a consequence of injury inflicted by its performance,—being a ratio of two recoveries to three operations, which may be taken as an approximate standard of comparison. It is not surprising, therefore, in a limited consideration of practical value, that a procedure so eminently disastrous to life should raise a strong presumption of its doubtful propriety; but, on the other hand, its performance is vindicated on the ground that a large proportion of the subjects were taken indiscriminately, and

were submitted to the operation as a last resort; that of necessity it has encountered the embarrassments of an experimental process; that, as an innovation upon conservative surgery, it has been opposed by intolerance; that, under certain limitations, it is entitled to high rank in operative science; and, finally, that the rate of mortality attending its performance is, even now, no greater than happens in many voluntary operations,—lithotomy, hernia, ligation of arterial trunks, capital amputations, &c.

To establish the validity of the abdominal incision, it must clearly appear, that, as a general rule, a state of ovarian degenerescence invariably and proximately terminates in the death of the subject. Our knowledge on this point is so exact, that it must be conceded that this malady is not amenable to constitutional treatment, but speedily destroys life by exhaustion of the vital powers. Mr. William Hunter had occasion to see a great number of encysted dropsies, many of them treated by physicians of the first rank, and had never seen one cured; nor had he ever known one of that kind where the cyst had been sensibly diminished by any other means than by the trocar. If he might form a judgment by what he had seen, both in the living and in the dead body, he should believe that the dropsy of the ovary is an incurable disease. This distinguished authority, it is presumed, must be now accepted by those conversant with ovarian hypertrophy, without essential modification. Velpeau affirms, that the average duration of the disease is five or six years. Mr. Phillips calculates the period, from first tapping, at four years. In Mr. Lee's summary of one hundred and twenty-six cases of ovarian dropsy, sixty-three—precisely one half—died in two years, ninety in four years, and thirty-three only survived this period. Mr. Atlee remarks, that one-third of the subjects of ovarian disease die from the malady in one year, one-half

in two years, two-thirds in three years, and that the average duration of the disease is about four years. Assuming these opinions to be true,—and they certainly cannot be controverted,—it is, perhaps, one of the most responsible questions which modern science is invoked to decide,—whether a moral, binding obligation exists upon the profession to restore to health and usefulness, by a measure so dangerous to life, and one that admits no alternative, a proportion of two-thirds of the victims of a disease which is inevitably and briefly fatal! Its limited duration is usually one of unmitigated suffering and privation, and its rapid and ungovernable course can only be arrested by an operative process of great severity; and it is in the highest degree important, both as a question of science and humanity, to determine which of these conditions should prevail.

It is obvious that an inquiry of such magnitude can only be determined upon a clear comprehension of material facts, particularly such as appertain to the *hygienic condition of the survivors*; for the mere averment, that a numerical proportion simply *survives*, is an insignificant element of value. If it cannot be shown that the survivors are unconditionally restored to the enjoyments and obligations of life, the operation of ovariotomy must, upon the plainest dictates of reason and humanity, be considered as indefensible; for there can otherwise be no equivalent for the extravagant waste of life that has as yet attended it. It is mainly to establish this point that the subjoined testimony, drawn from authentic sources,\* will now be presented; and it is believed that its practical importance will induce a more rational appreciation of the value and propriety of this operation than has formerly been entertained. It is

\* By this term is meant the result of a personal correspondence, by the author, with the individuals whose names are quoted in this article.

true, sufficient time has not yet elapsed to develop fully the sanative history of the survivors; yet it is already sufficiently ample to determine the essential fact, that restoration to health, when it occurs, is complete and unconditional.

The results communicated by Mr. Jeaffreson, of Framlingham, England, are of peculiar value on account of the priority of the dates of his operations. He has twice performed ovariotomy with entire success, both patients being fully restored to health. One is living since 1836, and has meanwhile borne four children; the other died at the expiration of fourteen years. In both, restoration was permanent and absolute. This gentleman originated the *minor* incision of the abdomen.

Dr. D. McRuer, Bangor, Maine, has once performed gastrotomy successfully; but the patient died, at the expiration of two months, of ascites. Her recovery from the immediate consequences of the operation was more surprising to him than the final result, inasmuch as the peritoneal surfaces were in an inflamed and granular condition. Death could not, therefore, be attributed to the operation; but to the chronic inflammation of the serous membranes, terminating in serous effusion. This will constitute the only instance herein reported in which the operation was succeeded by effusion.

Prof. William H. Van Buren, New York, has extirpated a pedunculated, fibrous tumor of the uterus successfully. His patient was a healthy young woman, who is still living, after five years of uninterrupted health. All the elements of success existed in this case,—early life, vigorous health, and mobility of the tumor. A second case terminated adversely, the tumor proving malignant in its character.

Prof. A. March, Albany, has performed this operation four times, his first being in 1849; and the patient is still living, in perfect health. His second case was unfinished, in con-

sequence of adhesions; but the patient recovered, and died some months subsequently, in the ordinary course of the disease. His third case was fibro-extra-uterine, with a broad base, and terminated adversely. His fourth proved to be fibro-intra-uterine, and resulted fatally.

The writer has twice performed gastrotomy. His first case was fibro-extra-uterine, with thick attachments, and the tumor was not removed. The patient recovered. The second case was an immense unilocular cyst, containing thirty-five pounds of serum. The intestines were in a state of chronic inflammation; and after death, which occurred in fourteen days, they were in a gangrenous condition.

Charles Clay, Esq., Manchester, England. This distinguished surgeon has unquestionably performed this operation more frequently than any living surgeon, or any who ever lived; and his thorough practical acquaintance with its details entitles his opinions to be received with entire respect. He commenced extirpation in 1842; and at the date of his communication, Sept. 18, 1854, his operations numbered sixty-five; of which forty-six terminated in recovery, and nineteen died,—being a ratio of 1 death to 3.42 recoveries, a proportion .42 per cent higher than the average standard of all operations, which, as formerly mentioned, is one death to three operations. It is due to Mr. Clay, that his opinions of the value of statistics, as applied to ovariotomy, should be here stated,—that they are either very valuable or entirely worthless, according to the mode adopted in arranging them. If the single, or at most two or three, operations of isolated persons attempting them without previous experience be included, it is obviously unfair, as the ratio of mortality will be much too high: the operations of those who have performed it largely should be taken by themselves. The justice of these views may be understood by reference to the tables of Prof. Atlee,

related to this operation, and his opinions are very justly entitled to high consideration. Prior to September, 1854, he had performed gastrotomy twenty-six times; and of this number, fifteen subjects recovered, and eleven died. It must be stated, in exact justice to the merits of these operations, that, of the entire number of subjects, eleven should be considered as desperate in their character, in whom the vital powers were rapidly failing, and upon whom the operation was undertaken as a last resort. This fact simply renders a particular analysis of his cases necessary: they should, therefore, be classed into those favorable to probable success, fifteen in number; and those unfavorable, eleven in number. Of the first class, eleven recovered, — a proportion of one death to four subjects nearly. Of the doubtful class, four recovered, and were considered to be rescued from impending death, and seven died. Two only of the survivors were partially benefited: the tumors being uterine, their removal was not accomplished. In one of these unfinished cases, relief from suffering and danger was attained by puncturing a deep-seated abscess, which probably would have ruptured into the peritoneal cavity, at imminent risk of a fatal termination to life. The party has since been exempt from pain, and continues in improved health. In the other case, the patient exchanged a condition of suffering for one of comparative comfort. Two other patients remain without change: the tumors, being uterine, were not removed. Separating those four cases from the fifteen recoveries, and the remainder, eleven, were restored to unqualified health. Ten of the survivors are now living: two have each lived over five years; three, over four years; two, three years; one, one year; and another has recently recovered from the operation. Of those who have died, one lived thirty days; one, thirty-nine days; two others, six months each; one, three years; and one, three and one-

third years. Their diseases were asthenia, cholera-morbus, erysipelas, phthisis pulmonalis, and, in one instance, the progress of the unremoved tumor. It therefore appears, that in these survivors there were no complications of disease that did not exist prior to the operations, excepting only those stated as the cause of death. The unfavorable aspect of some of the cases of Mr. Atlee may be comprehended from the fact that tapping had been performed in fifteen out of the twenty-six subjects. Nine were tapped each once; three, each twice; one, five times; and another, sixteen times. These facts show the advanced progress of the diseases; the tumors having passed from the *solid, lobulated* character, so favorable to the success of Mr. Clay, and become encysted, and consequently, to a certain degree, involving the vital and constitutional powers. Excluding the desperate cases, a proportion of three-fourths of the remainder recovered fully. Three of the subjects have subsequently borne children,—two of them several times. Dr. Atlee is firmly of the opinion, that the aggregate sum of life has been greatly increased in the subjects of his operations; although this question cannot be definitely settled,—sufficient time not having elapsed to determine, to the full extent, the lives of the survivors.

The total number of the subjects of gastrotomy, whose history is herein given, is one hundred and two; of whom sixty-eight recovered, and thirty-four died,—a proportion of two recoveries to three operations; which will compare favorably with the ratio of other capital operations. Malgaigne computes the deaths after operations of all kinds, in the hospitals of Paris, as four in ten cases. In the tying of arteries, the proportion is three and one-half in ten; and in hernia, it is five in ten. Dr. Hayward observes, that, in two thousand amputations occurring in civil practice in Great Britain, one subject in four died; and, in

five thousand cases in various parts of Europe, one out of three died; and that more than one-half of those whose limbs were amputated in some of the Parisian hospitals died. Of fifty-five amputations performed in the Pennsylvania Hospital, during a period of eight years, twenty-one died. Of one hundred and nineteen amputations of the thigh in the Massachusetts General Hospital, from 1830 to 1850, twenty-nine, or one-fourth part, died. Finally, the result of Mr. Phillips's Statistical Inquiry shows that the mortality attending amputations in France, Germany, England, and America, combined, is twenty-three seven-sixteenths per cent. The statistics of other capital operations show a mortality equally great; and, in comparison, the operation of ovariotomy, although it has encountered the stubborn difficulties of its incipient developments, exhibits a rate of mortality not more unfavorable. It has this incomparable advantage, that the survivors are literally restored to health and happiness, whereas in amputations they are crippled for the rest of life. Notwithstanding the hostility it has encountered, this operation, equally with other unavoidable capital operations, stands justified by its results, by the voice of conscience, and by the claims of humanity. The objections against its performance have been urged in a captious and magisterial spirit; as by Dr. Meigs, whose ground of objection lies in that principle of surgery,—which is its highest principle,—that there can be no duress, no binding obligation to perform it, and that the surgeon's conscience be at peace, although the patient perish by the progress of the malady. If this non-committal doctrine govern the surgeon's conduct, no operation involving hazard to life could be performed,—no capital operation whatever; for there is none, strictly regarded as voluntary, to which the same rule of objection would not apply. No great amputation, no operation for urinary calculus, none for hernia, aneurism,

and the like, would be undertaken, because there would exist no binding obligation upon the surgeon's conscience. It is the fate of innovation upon established doctrines to be received with prejudice, and to be opposed by hostility ; it is also the glory of true science to establish truth ; and, guided by science and the spirit of investigation that characterizes the age, the operation of the abdominal incision is to become, if it be not already so acknowledged, a standard operation, and a triumph of modern surgery.

JAMES DEANE.

GREENFIELD, June, 1855.





